

Massachusetts HIV/AIDS Review

Spring 2001

A newsletter of the HIV/AIDS Bureau and HIV/AIDS Surveillance Program

HIV in Massachusetts: An Update

The number of people diagnosed with AIDS in Massachusetts each year has decreased since the mid-1990s. While this is a most welcome development for people living with HIV infection, it has become increasingly difficult to use AIDS data to examine trends in the HIV epidemic. For this reason, Massachusetts implemented a non-name HIV surveillance system after a process with significant community participation. The system went into effect on January 1, 1999 and gathers data that allow for better targeting and evaluation of HIV prevention and treatment services.

This overview of people living with HIV/AIDS in Massachusetts presents information on statewide and Health Service Region (HSR) levels, as well as for selected cities. The data include people reported to the HIV/AIDS surveillance system as of April 1, 2001. Cumulative and prevalent numbers of cases, as well as cases diagnosed in 1999, are reported. Charts contain information about people living with HIV infection, people living with AIDS, and both groups together.

With only one year of incident data on HIV infection, we cannot compare people diagnosed with HIV infection in 1999 to those diagnosed in each year prior to 1999. However people diagnosed with HIV infection in 1999 are compared with people diagnosed with HIV infection prior to 1999 (combined in one 'pre-1999, category) and all people diagnosed with

AIDS as of April 1, 2001.

This report is a summary of the data collected through the HIV/AIDS Surveillance Program. For more complete data, including copies of presentation slides, please visit our website at: www.state.ma.us/dph/cdc/aids/aidsprog.htm

Total Number of People Reported

As of April 1, 2001, 5,525 people with HIV infection and 16,438 people with AIDS had been reported to the surveillance program. The cumulative number of people reported with HIV/AIDS is 21,963.

People Living with HIV Infection and AIDS

Table 1 shows the demographic characteristics of people living with HIV infection, AIDS and HIV/AIDS in Massachusetts, and by HSR and mode of exposure to HIV.

As of April 1, 2001, 5,480 people were living with HIV infection and 7,173 people were living with AIDS, for a total of 12,653 people living with HIV/AIDS.

Residence

While 35% of the state's population lives in the Boston and Metrowest HSRs, 44% of the Massachusetts residents living with HIV/AIDS live in the two HSRs. These two HSRs

Table 1: Massachusetts Residents Living with HIV Infection, AIDS and HIV/AIDS as of April 1, 2001.

	Living with HIV Infection		Living with AIDS		Living with HIV/AIDS	
	No.	%	No.	%	No.	%
HSR†						
Boston	1,686	31%	2,355	33%	4,041	32%
Central	482	9%	628	9%	1,110	9%
Metrowest	669	12%	870	12%	1,539	12%
Northeast	716	13%	1,020	14%	1,736	14%
Southeast	782	14%	994	14%	1,776	14%
Western	642	12%	827	12%	1,469	12%
Prison††	491	9%	479	7%	970	8%
Mode of Exposure						
MSM*	1,812	33%	2,160	30%	3,972	32%
IDU**	1,780	32%	2,587	36%	4,367	35%
MSM&IDU	177	3%	233	3%	410	3%
Blood	23	0%	119	2%	142	1%
Heterosexual	683	12%	903	13%	1,586	13%
Pres. Hetero***	702	13%	794	11%	1,496	12%
Undet./Other	303	6%	292	4%	595	5%
Gender						
Male	3,792	69%	5,334	74%	9,126	72%
Female	1,688	31%	1,839	26%	3,527	28%
Race/Ethnicity						
White	2,743	50%	3,442	48%	6,185	49%
Black	1,279	23%	1,908	27%	3,187	25%
Hispanic	1,349	25%	1,737	24%	3,086	24%
Other	109	2%	86	1%	195	2%
Age at Diagnosis						
<13†	--		74	1%		
13-19	71	1%	39	1%		
20-29	1,271	23%	1,075	15%		
30-39	2,542	46%	3,452	48%		
40-49	1,270	23%	2,003	28%		
50+	327	6%	530	7%		

†HSR: See <http://www.state.ma.us/dph/chna/config.htm> for configuration

†† Individuals diagnosed while in prison.

*Men who have sex with men.

**Injection Drug Use.

***Presumed Heterosexual: Risk of partner(s) is unknown and other primary risk categories have been denied.

† Data on Pediatric HIV infection are collected as part of a special project, the Pediatric Spectrum of Disease Project.

combined have the highest prevalence of HIV/AIDS in the state.

Figure I shows the proportions of people living with HIV infection, AIDS and HIV/AIDS in Massachusetts by HSR.

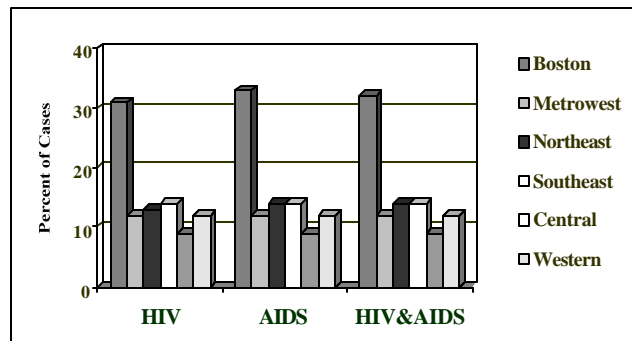


Figure I: People living with HIV infection, AIDS and HIV/AIDS by Health Service Region.

Gender

A larger proportion of people living with HIV infection (31%) compared with people living with AIDS (26%) in Massachusetts are female.

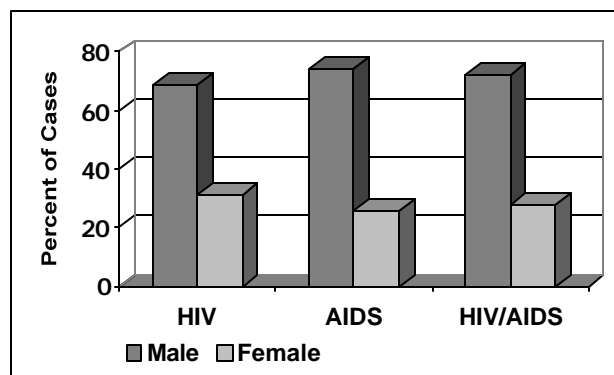


Figure II: People living with HIV infection, AIDS and HIV/AIDS in Massachusetts by Gender.

Figure II shows the proportions of people living with HIV infection, AIDS and HIV/AIDS in Massachusetts by gender.

The Western HSR has a higher proportion of women living with HIV infection (44%), AIDS (32%) and HIV/AIDS (37%) than any other region in the state.

Women account for at least 30% of people living with HIV/AIDS in the cities of Brockton (35%), Fall River (54%), Lawrence (43%), Lynn (36%), New Bedford (42%), Somerville (30%), Springfield (37%) and Worcester (41%). In Fall River and Holyoke, women

predominate among people living with HIV infection, 59% and 54%, respectively.

Race/Ethnicity

The impact of the HIV/AIDS epidemic on communities of color is disproportionate to overall representation in the population of Massachusetts. People of color make up 15% of the state's population, but 50% of the people living with HIV/AIDS.

Figure III shows race/ethnicity of people living with HIV infection, AIDS and HIV/AIDS in Massachusetts.

Hispanics comprise 25% of people living with HIV infection and 24% of people living with AIDS. Blacks comprise 23% of people living with HIV infection and 26% of people living with AIDS.

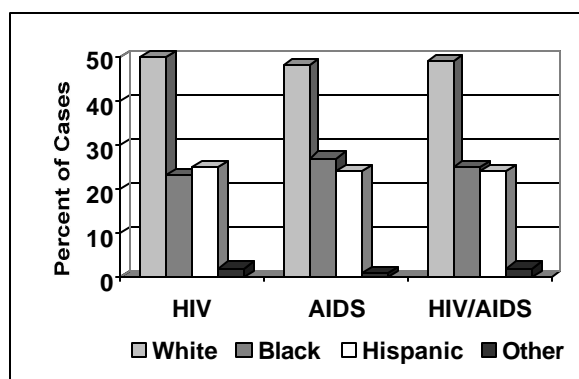


Figure III: People living with HIV infection, AIDS and HIV/AIDS in Massachusetts by Race/Ethnicity.

In the Western HSR, 72% of people living with HIV infection are people of color. People of color are also the largest proportion of people living with HIV infection in the city of Boston (52%), in Holyoke (86%), in Lawrence (88%) and in Springfield (82%).

Mode of Exposure

IDU and MSM are the predominant modes of exposure to HIV infection in Massachusetts.

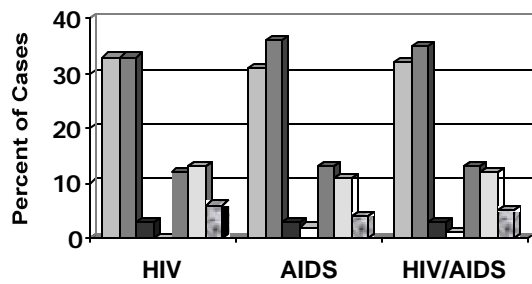
Figure IV shows mode of exposure to HIV at the state level and by HSR. The Southeast and Northeast HSRs resemble the whole state with respect to exposure. In the Metrowest and Boston HSRs, MSM is the primary reported mode of exposure to HIV, whereas in the Western and Central HSRs, IDU is the primary reported mode of exposure to HIV.

In terms of mode of exposure to HIV by gender at the state level, 48% of men living with HIV infection are reported with MSM as their mode of exposure to HIV, 30% are reported with IDU as their primary risk and 4% have heterosexual contact as their reported risk for acquiring HIV infection.

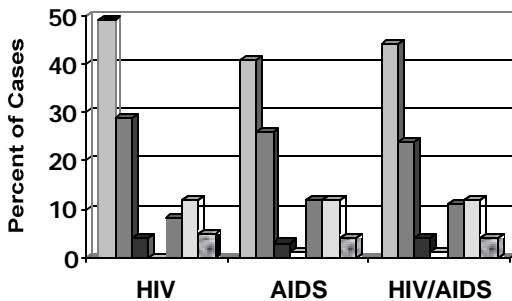
For women, at state level, 38% living with HIV infection are reported with their own injecting drug use as mode of exposure to HIV, 31% are reported with heterosexual contact as risk for HIV infection and 24% are classified as presumed heterosexual. By race/ethnicity and gender, white men living with HIV infection are more likely than either black men or Hispanic men living with HIV infection to have been reported with MSM as their mode of exposure to HIV (66%, 24% and 24% respectively). Hispanic men (53%) and black men (38%) are more likely to have been reported with IDU as their risk for HIV infection. White women are more likely to be reported as having been exposed to HIV through their own injecting drug use than black or Hispanic women (54%, 25% and 31% respectively). Hispanic women are reported with heterosexual exposure more frequently than white women and black women (45%, 34% and 25% respectively).

People Diagnosed with HIV Infection and AIDS in 1999

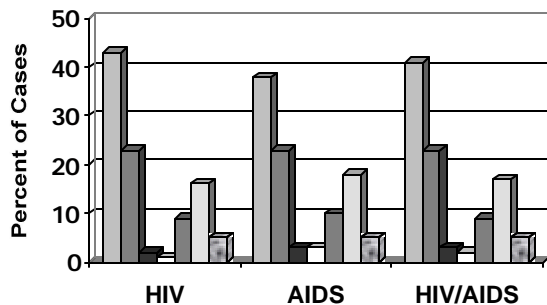
As of April 1, 2001, 715 people diagnosed with HIV infection in 1999 were reported to the HIV/AIDS Surveillance Program and of these,



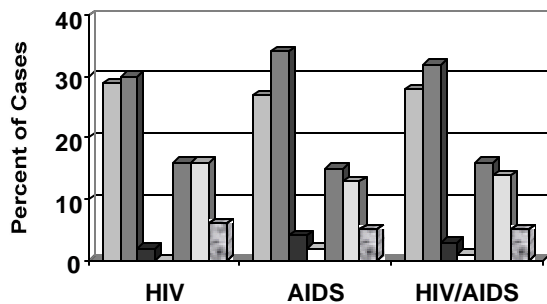
Massachusetts and Mode of HIV Transmission



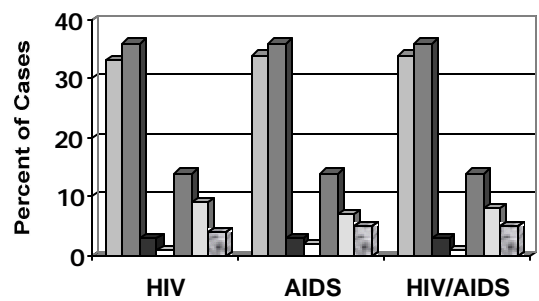
Boston HSR and Mode of HIV Transmission



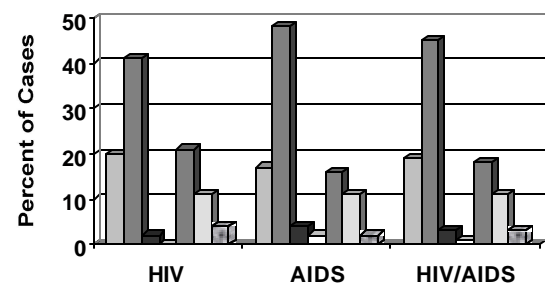
Metrowest HSR and Mode of HIV Transmission



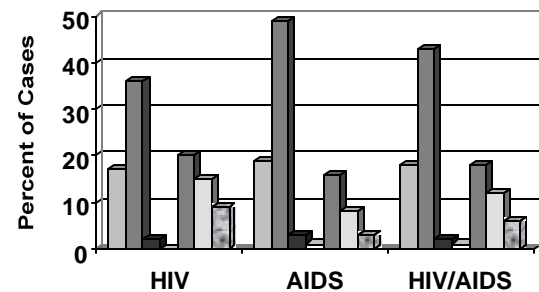
Northeast HSR and Mode of HIV Transmission



Southeast HSR and Mode of HIV Transmission



Central HSR and Mode of HIV Transmission



Western HSR and Mode of HIV Transmission

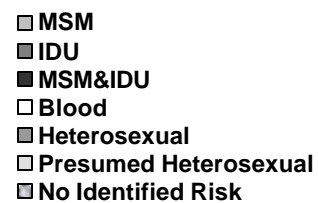


Figure IV: People living with HIV infection, AIDS and HIV/AIDS by mode of exposure to HIV at state and Health Service Region levels.

708 are people living with HIV infection. As of the same date, 862 people diagnosed with AIDS in 1999 were reported, and 804 are people living with AIDS.

People living with HIV infection provide information about recent trends in the HIV/AIDS epidemic in the state. The data presented here compare people diagnosed with HIV infection in 1999 with everyone else reported with HIV/AIDS (pre-1999 HIV infection and all AIDS).

Gender

Figure V shows that women comprised 35% of the people diagnosed with HIV infection in

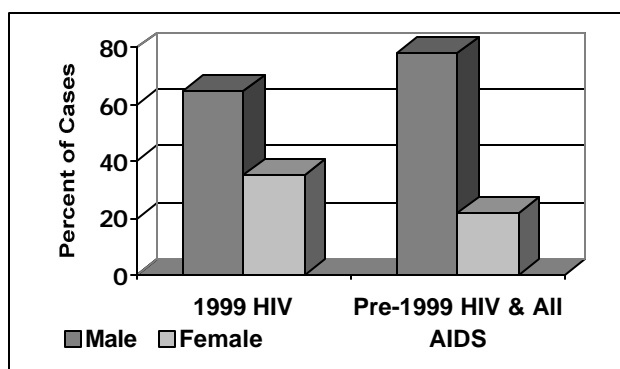


Figure V: People diagnosed with HIV infection in 1999 compared to people diagnosed with HIV infection pre-1999 combined with all people diagnosed with AIDS by gender.

1999, and 27% of all other people living with HIV/AIDS (pre-1999 HIV infection diagnoses and all AIDS).

Race/Ethnicity

As shown in **Figure VI**, nearly 60% of people diagnosed with HIV infection in 1999 were from communities of color (29% and 27% respectively for blacks and Hispanics).

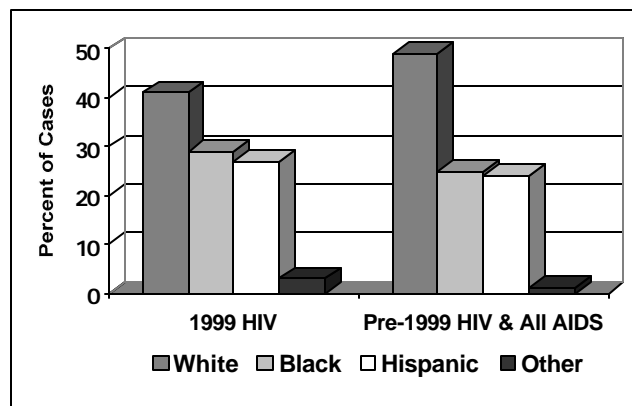


Figure VI: People diagnosed with HIV infection in 1999 compared to people diagnosed with HIV infection pre-1999 combined with all people diagnosed with AIDS by race/ethnicity.

Mode of Exposure

As **Figure VII** shows, IDU and MSM remain the primary modes of exposure to HIV reported in Massachusetts. Nearly 60% of the people newly diagnosed with HIV infection in 1999

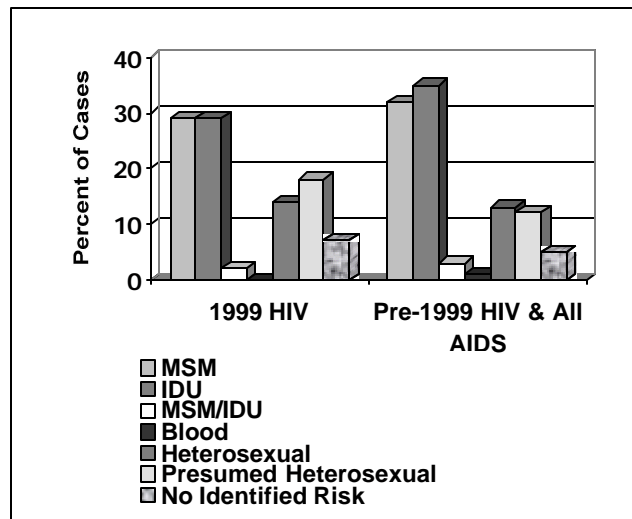


Figure VII: People diagnosed with HIV infection in 1999 compared to people diagnosed with HIV infection pre-1999 combined with all people diagnosed with AIDS by mode of exposure to HIV.

were reported with IDU, MSM and MSM/IDU as their risk for HIV infection.

It is important to note that 25% of the people diagnosed with HIV infection in 1999 were not reported with a CDC-defined risk. Missing risk information is more common in reports on people of color. Among blacks, 29% of men and 63% of women were reported without a CDC-defined risk. Among Hispanics, 23% of men and 31% of women were reported without a CDC-defined risk. Risk information is important for surveillance purposes, particularly for evaluation and validation of the data generated by the non-name system. Risk information collected through surveillance also plays an important role in developing appropriate prevention programs, providing essential information needed for decision making and planning.

Gender-specific risk information provides a more detailed picture of risk behavior in the HIV/AIDS epidemic and can allow for better targeting of intervention programs aimed at risk or harm reduction.

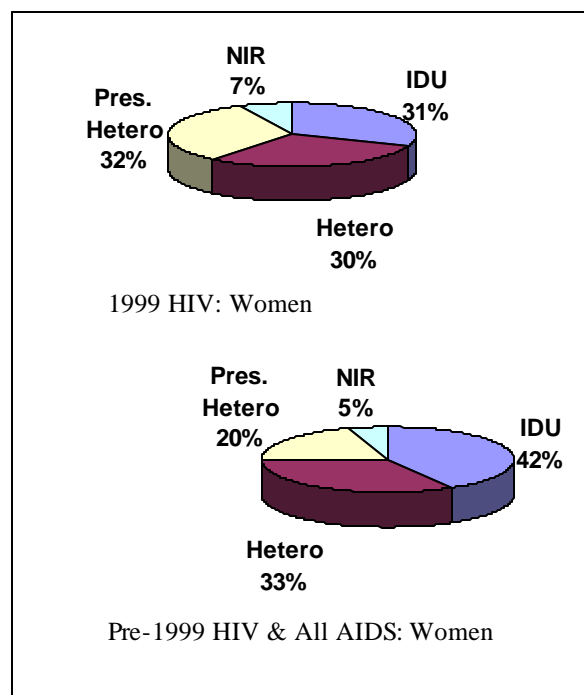


Figure VIII: Women diagnosed with HIV infection in 1999 compared to women diagnosed with HIV infection pre-1999 combined with all women diagnosed with AIDS by risk.

Figure VIII compares women diagnosed with HIV infection in 1999 to women diagnosed with AIDS in 1999 combined with all women diagnosed with HIV/AIDS pre-1999 by mode of exposure to HIV. There was a decrease in the proportion of women diagnosed with HIV infection attributed to IDU in 1999, with an increase in proportions with heterosexual contact and presumed heterosexual contact as reported modes of exposure.

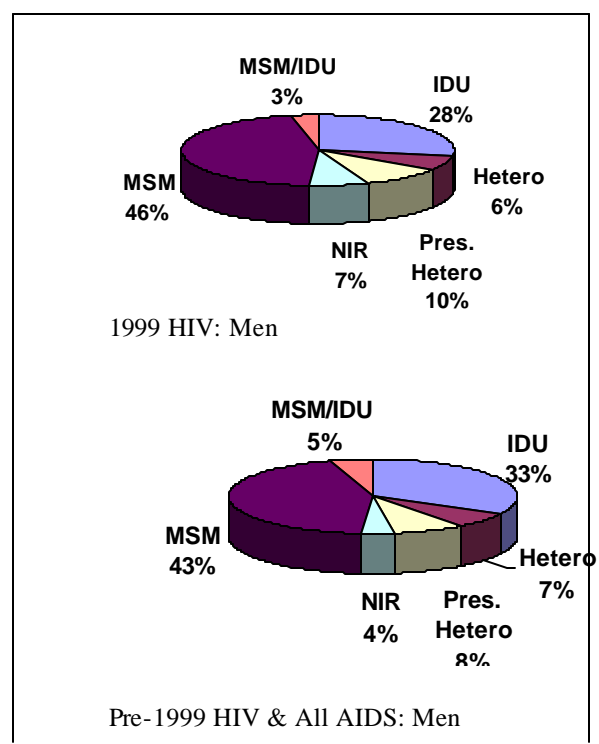


Figure IX: Men diagnosed with HIV infection in 1999 compared to men diagnosed with HIV infection pre-1999 combined with all men diagnosed with AIDS by risk.

Figure IX compares mode of exposure to HIV for men diagnosed with HIV infection in 1999 with men diagnosed with AIDS in 1999 combined with all men diagnosed with HIV/AIDS pre-1999. There was a decrease in the proportion of men with HIV infection attributed to IDU and MSM/IDU, with a slight increase in the MSM, heterosexual and presumed heterosexual modes of exposure for men diagnosed with HIV infection in 1999.

As already noted, the impact of the HIV/AIDS epidemic is more pronounced among people of color than among white people.

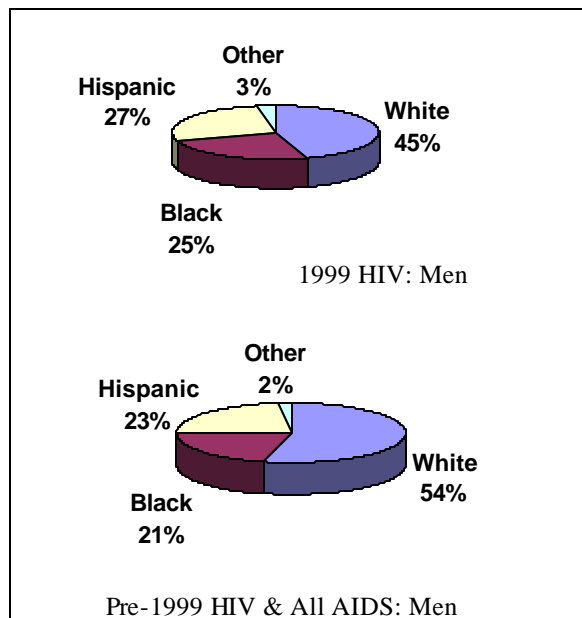


Figure X: Men diagnosed with HIV infection in 1999 compared to men diagnosed with HIV infection pre-1999 combined with all men diagnosed with AIDS by race/ethnicity.

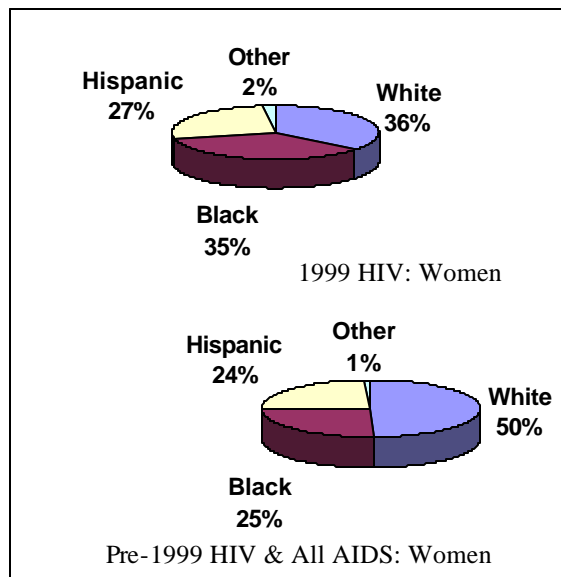


Figure XI: Women diagnosed with HIV infection in 1999 compared to women diagnosed with HIV infection pre-1999 combined with all women diagnosed with AIDS by race/ethnicity.

Figures X-XI provide a picture of the gender-specific impact of the HIV/AIDS epidemic in Massachusetts by race/ethnicity.

Among men diagnosed with HIV infection in 1999, 55% are men of color (25% black and 27% Hispanic). Among women diagnosed with HIV infection in 1999, 64% are women of color (35% black and 27% Hispanic)

Residence

Over 40% of the people diagnosed with HIV infection in 1999 lived in metropolitan Boston (Boston and the Metrowest HSR, including Cambridge and Somerville) at the time of their diagnosis. Thirteen percent of the cases were reported during incarceration in either a county or state correctional facility. In 1999, only 5% of the cases were reported from Central Massachusetts, compared to 9% of people currently alive and diagnosed with HIV infection before the implementation of HIV surveillance. This will be monitored to determine if it is a trend or a one-year fluctuation.

(Much of the above text was abstracted from EPIDEMIOLOGICAL PROFILE 2000. The full document can be obtained from the HIV/AIDS Bureau: (617) 624 5300 or HIV/AIDS Surveillance Program: (617) 983 6560)

A Message to Health Care Providers

AIDS is designated as a reportable condition by regulation (105 CMR 300.000 et seq.). All health care providers diagnosing an AIDS case must report that case directly to the Massachusetts Department of Public Health (MDPH). Accurate information on the incidence and clinical manifestations of AIDS is crucial for monitoring trends in the epidemic and for determining allocation of resources.

As of January 1, 1999, an amendment to the reportable disease regulations (105 CMR 300) was adopted to include **HIV infection** as a notifiable condition reportable directly to the Department of Public Health using a non-name based system; **no names are reported**. The Adult AIDS Confidential Case Report Form was updated to include HIV infection information. This single form is to be used to report both HIV infection (without AIDS-defining conditions) and AIDS cases.

HIV/AIDS case information is protected by state and federal laws governing confidentiality of medical and surveillance information. No names are ever released to anyone. HIV/AIDS case information is held in strict confidence. For **case reporting** of HIV/AIDS patients meeting the CDC definition, please contact AIDS Epidemiologists at: (617) 983-6560.

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